## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

A32137A

CLAIMS AS FILED - PART T								MALL EN	ITITY		OTHER		1
(Column 1) (Column 2)								YPE		OR	SMALL	ENTITY	i
TOTAL CLAIMS			18	18				RATE	FEE		RATE	FEE	
FOR			NUMBER F	ILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	200
TOTAL CHARGEABLE CLAIMS'			) 💢 minus 20= *		• Ø		Į	X\$ 9=	,	OR	X\$18=	12	
INDEPENDENT CLAIMS			3 minus 3 =				X40=		OR	X80=			
MU	LTIPLE DEPEN				Ī	+135=		OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	TOTAL	368	OR	TOTAL	17.	OLO.
CLAIME ACAMENDED DADT II											OTHER	Ü	
}	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column					(Column 3)	•	SMALL ENTITY			SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	AWAIL
NON	Total := ==	. 19	Minus	- 2	.0	<b></b>		X\$ 9=	;	OR	X\$18=		
<b>AME</b>	Independent	. 4	Minus :	***	3	= /		X40=	12.00	OR	X80=		Tri
		NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			+135=	<u> </u>	OR	+270=		3
								TOTAL	tu.	4	TOTAL		U
ADDIT. FEE OR ADDIT. FEE													
<u>Ľ</u>		(Column 1)			mn 2)	(Column 3)	1 =	'		-		·	
AMENDMENT-BS		CLAIMS REMAINING AFTER AMENDMENT	. •	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MO	Total	. 4	Minus	**		=		X\$ <sup>.</sup> 9=	·.	OR	X\$18=		
ME	Independent	. (	Minus	***		=		X40=		OR	X80=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		1
	7 .						· L	TOTAL		ł	TOTAL		4
			÷ .	-			A	DDIT. FEE	· · · · · ·	OR	ADDIT. FEE		4
		(Column 1)			mn 2)_	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		. NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
IDMI	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	Ĭ.	
ME	Independent	•	Minus	***		]=	<b> </b>	X40=		OR	X80=		1
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>』</b> ├			1			1
					- HOV !	dum 0		+135=		OR	+270=		1
••	If the "Highest Nu	mn 1 is less than t mber Previously P	aid For" IN THI	S SPACE	is less tha	an 20, enter "20.	. A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		1
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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PCE / Jz = 2/03Application or Docket Number 09/862976

PATENT APPLICATION FEE DETERMINATION RECORD

Effective	October	1	2001
LIICUIVE	OCIODEI	Ι,	200

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	37 <b>6</b> 500	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	mir	nus 20=	*			X\$ 9=	, <del></del>	OR	X\$18=	
IND	EPENDENT CL	AIMS	mi	nus 3 =	<b>*</b>			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	•	TOTAL	375.00	OR	TOTAL	
	CLAIMS AS AMENDED - PART II						OTHER THA					THAN
(Column 1)				(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* 4	Minus	** 2	20	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 2	Minus	***	3			X42=		OR	X84=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l	+140=		OR	+280=	
. =							L	TOTAL			TOTAL	
		(Column 1)		(Colur	mn (1)	(Column 3)	,	ADDIT. FEE		• • •	ADDIT. FEE	
AMENDMENT		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	PAID **	<u>ron</u>	=	1	X\$ 9=	FEE	OR	X\$18=	<u>ree</u>
MEN	Independent	*	Minus	***		=	1 }	X42=			X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]			OR		-
								+140=		OR	+280=	
							. /	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIĞI- NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	=	RATE	ADDI- TIONAL FEE
NOM	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		<u> </u>	╽╏	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	I CLAIM		J ∤	+140=		OR	+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL			TOTAL	
	'If the "Highest Nu	mber Previously Pa Imber Previously Pa Inber Previously Pa	aid For" IN TH	IS SPACE	is less tha	an 3, enter "3."	•	ADDIT. FEE	propriate box	J	ADDIT. FEE lumn 1.	